MEDICARE SUPPLEMENT INSURANCE

PREMIUM COMPARISON GUIDE

State of Nevada

Department of Business & Industry

Division of Insurance

2019

Barbara D. Richardson, Commissioner of Insurance

Brian Sandoval, Governor **C.J. Manthe, Director**

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To be used with the Guide to Health Insurance for People with Medicare as developed by the National Association of Insurance Commissioners (NAIC) and the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services (CMS) (see page 15 for a link to the guide).

LETTER FROM THE COMMISSIONER

Dear Fellow Nevadan:

The decision of whether or not to purchase Medicare supplement insurance, and which kind of insurance to buy, are important ones. However, shopping for this insurance requires time and effort and can be confusing. That is why we are pleased to provide you with Nevada's 2019 Medicare Supplement Insurance Premium Comparison Guide. This guide provides valuable information that will assist you in comparing many of the Medicare supplement policies, Medicare Advantage, and Medicare drug plans currently being offered in Nevada.

You may also wish to seek the advice of a licensed agent, broker, producer or consultant to assist you in selecting appropriate Medicare supplement insurance coverage. Further information is available through the Nevada Department of Health and Human Services, Division for Aging Services, which administers the Nevada State Health Insurance Assistance Program (SHIP). Their program director and volunteer counselors are available to provide you with individual counseling concerning your questions on Medicare or Medicare supplement products.

Your insurance concerns are very important to us at the Division of Insurance. We are here to assist you with any insurance questions or problems you may have.

Our offices in Northern Nevada are located in Carson City. For information, please call our consumer services section at (775) 687-0700. In Southern Nevada, our offices are located in Las Vegas, and you may reach a consumer services officer at (702) 486-4009. The toll-free number for use in Nevada is 1-888-872-3234. The Nevada SHIP advisers may be reached at (702) 486-3478 in Las Vegas or toll free in Nevada at 1-800-307-4444.

Sincerely,

Barbara D. Richardson

Commissioner of Insurance

Introduction

Throughout this guide you will find information regarding the following items:

- ❖ The basics of Medicare supplement insurance;
- ❖ Information on all the 10 versions of Medicare supplement plans, A through N;
- ❖ Tips for purchasing a plan;
- ❖ Various carriers providing Medicare supplement insurance;
- ❖ Premiums for each plan;
- ❖ Medicare Options, Medicare PPOs, High-Deductible plans, and the Medicare SHIP Program; and
- ❖ Common definitions related to Medicare supplement.

Each year, the Nevada Division of Insurance (DOI) provides a voluntary survey to the companies who provide Medicare supplement coverage in Nevada to collect information on the policy premiums for the New Year. The results of this survey are summarized in the section titled 2019 Annual Premium Comparisons (pages 31 - 44). The comparisons shown in the Guide will give you a start in shopping for Medicare supplement coverage by offering a comparison of premium costs on policies.

This Comparison Guide is to help you understand the options available for Medicare supplement insurance. This guide will not cover

information on Medicare itself. If you are seeking more information on Medicare, the Centers for Medicare and Medicaid Services publishes a guide titled, Medicare and You. This guide summarizes Medicare benefits, rights and obligations, and provides answers to the most frequently asked questions regarding Medicare. A digital version of Medicare and You can be downloaded at: https://q1medicare.com/PartD-MedicareAndYouCMSGuideToMedicare.php. If a paper version of this guide is preferable, printed copies may be found at the Nevada State Health Insurance Assistance Program (SHIP) or your local Social Security office. Please see pages 57 through 60 of this Guide for contact information.

The Basics of Medicare Supplement Insurance

Recent Medicare Enrollment

According to the Centers for Medicare and Medicaid Services, 498,272 Nevadans (18.51% of the population), were eligible to receive benefits through the federal Medicare program in 2018[1]. Of these, 184,242 individuals received their benefits through Medicare Advantage and other Health Plans. Medicare Supplement enrollment for 2016 was 85,417 Nevadans, as reported by the NAIC[2].

This shows that many Nevadans enrolled in Medicare may not be receiving the full amount of coverage they need to keep medical costs down. This guide will provide you with the tools to understand Medicare supplement and decide whether or not it is beneficial in covering your medical costs in 2018.

Medicare Supplement Fills the Gaps

Medicare supplement insurance, also known as a "Medigap policy", is a distinct type of insurance policy which is sold by private companies to "fill the gaps" in original Medicare plan coverage. While Medicare supplement policies cover many of the medical expenses Medicare does not cover (such as additional hospitalization expenses, blood drawing expenses, and additional Medical expenses), Medicare supplement policies purchased after 2006

[1] https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/Medicare-Enrollment/Enrollment%20Dashboard.html

[2] National Association of Insurance Commissioners. (2017). 2016 Medicare Supplement Loss Ratios. October 24, 2017, from www.naic.org, http://www.naic.org/prod_serv/MED-BB-17.pdf.

cannot include coverage for prescription drugs. Prescription drug coverage can be provided through Medicare Part D insurance (see pages 48 - 49).

Medicare supplement policies are guaranteed renewable if they are purchased after 1990. Unless you are not truthful about information on your application, cease to pay your monthly premium, or the company goes bankrupt, your insurance company cannot drop you from the policy you choose to purchase.

Medicare Supplement Eligibility

In order to be eligible for Medicare supplement, you must be enrolled in Medicare Part A and Part B. If you are currently in your Medigap open enrollment, you are guaranteed the right to buy a Medicare supplement policy. You may not be eligible for Medigap if you: are already enrolled in a Medigap policy, have Medicaid, are enrolled in a Medicare Advantage Plan, or are under the age of 65.

Why Should You Buy Medicare Supplement Insurance?

Medicare supplement insurance is necessary because Medicare does not pay for every medical expense. A Medigap policy will cover the medical expenses which Medicare does not pay such as the Medicare Part B yearly deductible, Medicare Part B covered services, blood, hospital stays, and skilled nursing facilities.

10 Medicare Supplement Plans: A Through N

You can choose from 10 different Medicare supplement policies. Each plan, A, B, C, D, F, G, K, L, M and N, has different benefits and premiums. Each lettered plan is required to have certain benefits, no matter which company you choose to purchase from; however, some plans provide extra benefits.

An insurer may or may not offer all plans. The plans are described on the chart on pages 28 - 29, which show the minimum benefits in each plan – this chart will also be included in every company's sales material. In addition to the 10 plans, insurers may offer one high-deductible version of Plan F. This plan includes the same coverage as Plan F, except you will be responsible for the first $2,240 (2018) of medical expenses each year (adjusted annually) and the premium is significantly less than the premium for regular plans A through N.

Each plan, A through N, varies with the established benefits offered. Plans K and L cover 50% and 75%, respectively, of the co-insurance for **basic benefits***, skilled nursing and the Part A deductible. Once you reach the annual out-of-pocket limit, K and L pay 100% of the Medicare co-payments, co-insurance, and deductibles for the rest of the calendar year. The out-of-

See chart on pages 28-29 for list of basic benefits.

pocket annual limit does **not** include charges from your provider that exceed Medicare-approved amounts, called "excess charges." You are responsible for paying excess charges for all of the Medicare supplement plans unless you have Medicare supplement policies F, G, or high-deductible Plan F, which cover 100% of the Medicare Part B excess charges.

Medicare Parts A, B, C, and D

Medicare Part A typically pays for your inpatient hospital expenses, hospice services, home health care, and care in a skilled nursing facility.

Tip: a benefit is a health care service or supply that is paid for in part or in full by Medicare.

Medicare Part B typically covers your outpatient health care expenses including doctor fees.

Tip: You may have to use certain Medicare-contracted suppliers to get certain durable medical equipment in some geographic areas. Call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1 (877) 486-2048.

Medicare Part C (Medicare Advantage plans) must cover at least the same benefits covered under Medicare Part A and Part B; however, your costs may be different, and you may have extra benefits, such as coverage for prescription drugs or extra days in the hospital. If you are already enrolled in

Medicare Part C, contact your Medicare Advantage plan administrator for specific plan information.

Tip: Not all doctors accept Medicare Advantage plans, so be sure to check first!

Under **Medicare Part D**, all enrollees receive a subsidy for prescription drug insurance – an additional low-income subsidy (LIS) is available to enrollees with sufficiently low income and assets. There are two types of Medicare plans that may help lower prescription drug costs and help to protect against higher costs in the future: Medicare Advantage plans (see Part C) and other Medicare health plans, and Medicare Part D. Medicare Part D is prescription drug coverage that provides additional coverage to the original Medicare plan, some Medicare cost plans, and Medicare private fee-for-service plans. These plans are offered by insurance companies and other private companies approved by Medicare.

Tip: Different plans cover different prescriptions, so you will want to review each carefully. You choose the drug plan and pay a monthly premium. If you decide not to enroll in a drug plan when you are first eligible, you may pay a penalty if you choose to join later.

Medicare Supplement Insurance Shopping Tips

You May Not Need Medicare Supplement Insurance

If your income is low, you may qualify for a government program that will fill the gaps in your Medicare coverage. To find out if you are eligible for **Medicaid** or if you are a **Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB)** or a **Qualified Individual (QI)** contact the State Department of Health and Human Services, Division of Welfare and Supportive Services (DWSS) in Reno at (775) 684-7200, (702) 486-1646 in Las Vegas/Henderson, or toll free: (800) 992-0900. For a complete list of local phone numbers you may visit https://dwss.nv.gov/.

Right to Coverage

The best time to buy a Medigap policy is during your Medigap open enrollment period. This period lasts for 6 months and begins on the first day of the month in which you are 65 or older **and** enrolled in Medicare Part B. If you joined Medicare because of a disability before you turned 65, federal law now requires that you be given another open enrollment opportunity when you turn 65.

Tip: If you apply for a policy after that six-month period, some companies will reject your application if your health is not good.

Shop for Benefits, Service and Price

Check the chart of the 10 plans on pages 28 - 29 to see the benefits that are included in each plan. Every company must use the same letters (A through N) to label its policies. Plan A will always be a company's lowest-priced Medicare supplement policy. It covers valuable basic benefits and must be sold by every company. Plans B through N add other benefits to fill different gaps in your Medicare coverage.

Use the Medicare Guide

The ***Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*** ("Guide"), written by the federal government and the National Association of Insurance Commissioners (NAIC), has excellent information about Medicare, as well as health insurance. Any agent or company that offers to sell you Medicare supplement insurance must give you a copy. Upon request, a copy of the Guide is also available from the Division of Insurance, the Division for Aging Services or the State Health Insurance Assistance Program ("SHIP").

Tip: Download a copy of ***Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*** at:

https://www.medicare.gov/Pubs/pdf/02110-Medicare-Medigap.guide.pdf

Read the Outline of Coverage

The outline of coverage is useful to understand the policy in general terms – the outline of coverage for Medicare supplement insurance includes more details about each of the benefits listed in the plan's policy.

Evaluate Your New or Existing Policy

In order to understand the details of your coverage, you must read the policy. When reviewing the policy, spend extra time studying the provisions about pre-existing conditions. Don't change policies just to solely get a lower price. Premiums can change, and a new policy may not remain less expensive than the old one. Ask yourself, **"Would a new policy really improve my health coverage?"** Perhaps your old policy can be updated to provide the additional coverage you want.

Tip: Premiums paid in advance are sometimes non-refundable. For example, if you paid for a one-year policy period and decide to cancel in the middle of the policy term, the premium may be earned by the company when paid by you and there may be no provision for a refund of premium at any time during that policy period.

Purchasing a Plan

Conduct Research on Medicare Supplement Plans

1. **Contact The Insurance Division at 775-687-0700 to confirm that the company is licensed.**
2. **Ask** how an insurance company prices Medigap policies. The manner in which they set the price affects how much you pay now and in the future.

> **Tip:** A good question to ask is if there are factors other than age that may affect the cost of your Medigap policy. Policies may have discounts based on your sex, whether you smoke, whether you are married and/or if you have automatic bank withdrawal.

3. **Before you shop** for plans, make sure you will benefit from Medicare supplement insurance before you buy.
4. **Find out** if you are eligible for group coverage. Group coverage is marketed through employers, labor unions and various private associations. If you have group insurance, ask before retirement if you can continue your employee health insurance or convert it to suitable group Medicare supplement coverage after you turn 65. Group insurance often costs less and is more comprehensive than individually purchased coverage. Also, if your spouse is included in your group health plan, be sure to check on his or her eligibility.
5. **Ask** the reference section of your local public library for financial rating publications that summarize an insurance company's financial position.

Some publications rate companies by letter grades, which can be informative. Four organizations are commonly relied upon to rate insurance companies: A.M. Best, Standard & Poor's (S&P), Moody's Investor Service, and Fitch Ratings. The role of these agencies is to assess the debt and financial strength of companies by providing a neutral analysis. In rating debt and financial strength, these agencies assist in judging an insurer's ability to meet their claims paying obligations. If an insurance company cannot pay future claims or benefits, all other considerations, such as coverage and pricing, become relatively unimportant.

Tip: Consider factors other than price when selecting a policy, including claims handling and a company's reputation for service.

Pick your Plan

1. **When you find a plan you like,** compare before you buy. Shop around and talk to several agents and companies before making a decision. When shopping for a Medigap policy, be sure you are comparing the same policy. Do not be embarrassed to ask questions. Do not buy a policy until you are satisfied with the answers you receive.

2. **Carefully read** the plan's membership materials and enrollment forms to learn your rights and the nature and extent of your coverage. Remember, Medicare Advantage plans will likely require extra out-of-pocket expenses from non-network providers.

3. **Get** a copy of the policy.

4. **Discuss the policy** with a relative, friend or someone else whom you trust before buying. When buying by mail, check whether the company has a local agent or a toll-free number that you can call for answers to your questions and for help filing claims. Ask friends and family members about their experience with various companies.
5. **Take full advantage** of your "free look" period by carefully reviewing your new policy. You have 30 days from the date you receive the policy to return and cancel it for a full refund. Read the policy when it arrives; don't wait until the last minute. The Division of Insurance Consumer Services section can help you understand what your policy covers. You can reach the Consumer Services section by calling (775) 687-0700 to reach the Carson City office, (702) 486-4009 to reach the Las Vegas office, and (888) 872-3234 to reach the Division of Insurance toll-free. Also, some senior citizen organizations have volunteer insurance advisors. See pages 57 through 60 for information regarding senior resources and Nevada's State Health Insurance Program (SHIP).

Avoiding Fraud

- **Buying locally** from a licensed agent with a good reputation is safer than buying from someone you do not know. A traveling agent may never return to your area.

- **Be careful** to answer all questions accurately. Don't let the agent fill out the application for you. If an agent helps you to complete the application, do not sign it until you are sure that all questions have been completely answered and all requested medical information is included and correct.

> **Tip:** The omission of information may cause the company to deny your claims or cancel your policy.

- **Do not pay cash or make a check out to the agent or in the agent's name.** Get a receipt for all payments. Checks should be made payable only to the insurance company.
- **Don't be misled** into believing that a Medicare supplement policy is endorsed by or sold by the state or federal government. Although the Division of Insurance reviews Medicare supplement policy forms to make sure they meet Nevada requirements, the Division does not endorse particular companies or policies.

> **Tip:** It is a violation of federal and state law for insurance companies or agents to suggest they are acting on behalf of the government when selling Medicare supplement insurance.

- **Don't be pressured** to buy insurance on the agent's first visit. If you can, invite a trusted friend or relative to be present during the agent's visit. An agent who objects to this may not be the right agent for you.

- **Don't be stampeded** by statements that a certain policy or premium rate will be available only for a limited time. Such statements are seldom true.

Completing the Application

- **Never sign** a blank application form.
- **All applicable questions** must be filled out accurately and completely.

> **Tip:** An agent may assist you, but you should never let an agent fill out the application for you. **Always double check the information for correctness before signing the application to avoid fraud.**

> **Tip:** You may also verify an insurance company on the Division's Web site at www.doi.nv.gov (see the Verify a License link on the left) or by contacting the Division at 1-888-872-3234.

- **Be sure** you have the agent's name and address and the address of the company from which you are purchasing the policy. Know how to contact your agent or the company if you need help. **Always check the license status of the agent and the insurance company with the Division of Insurance.**

- **Read** what you are being asked to sign. If the agent tries to rush you, be suspicious.

Tip: If you are replacing policies, you should have full coverage for all pre-existing conditions when you have been covered for six months under the old policy, the new policy or both. This should be explained to you in a Replacement Notice provided by the new insurance company or its agent. If you return the policy to the company, be sure to send it by certified mail with a return receipt requested. This will give you a record of the date it was returned in case there is a dispute.

Special Information for Military Retirees

You or your spouse may be eligible for TRICARE For Life if either has retired from the United States military service. The benefits covered by TRICARE For Life supplement Medicare coverage and eliminate the need for a Medicare supplement policy. In addition, TRICARE For Life benefits include coverage for outpatient prescription drugs not covered by Medicare. Unlike Medicare supplement policies, there is no enrollment fee to belong to TRICARE For Life. If you believe that you are eligible for this program, you can contact TRICARE For Life at (866) 773-0404 or TDD at (866) 773-0405.

More Information is Available

The Division of Insurance Consumer Services section is happy to answer any additional questions you might have. If you have more questions about Medicare supplement insurance, contact us at:

State of Nevada
Department of Business & Industry
Division of Insurance

Carson City Office (775) 687-0700; cscc@doi.nv.gov
Las Vegas Office (702) 486-4009

Refer to pages 58 - 62 of this guide for free counseling and other resources.

Cost Comparison and Guide to Premium Chart

This section of the booklet has a chart outlining the 10 standard plans, a section which outlines who sells Medigap in Nevada and offers a comparison of premiums by insurance company and plan type. Premiums are listed by premium from lowest to highest for age 65 rates.

NOTICE:

The policy comparison section summarizes material submitted by the insurers. The figures are theirs, not those of the Division of Insurance. Some information may not be current at the time you read this publication. The policy itself becomes the contract between the insurance company and you, and will be the basis of final determinations. Only policies that meet the requirements of Nevada laws and regulations at time of publication are included.

Publication of this comparison is for informational purposes only. Inclusion of information about a policy in this brochure does not in any way constitute endorsement of a policy or company by the Division of Insurance.

GUIDE TO THE PREMIUM COMPARISON CHART

Annual Premiums

The premiums shown are only a sampling of January 2019 annual rates. For consistency among the carriers, they were asked to provide the premiums for 65 and 70 year old female, non-smokers, in downtown Las Vegas (zip 89102), Clark County, Southern Nevada. Rates specific to whether or not you smoke, your age, and your gender can be obtained from the insurance company. Keep in mind, the rate may change as companies file new rates with the Division of Insurance. While rates may change because of increased age and/or an insurance company's increased claims for all similar policyholders, your premiums cannot increase based on your individual claims.

Tip: Some companies expect you to pay annually, while others bill every month, and some bill every two to three months.

Age Groups

Premiums for Medicare supplement insurance will be based on your age when you purchase the policy. Although companies may have different premiums for each age, this comparison shows premiums only for ages 65 and 70.

Premium Type

Companies have two different methods of pricing policies which are both based upon your age. These are shown in the **Premium Type** column, in the **2019 Annual Premiums** chart.

- **Issue Age:** These policies are priced at your age when you initially purchase the policy. Your future rates will **not** increase because of age as you become older. If you buy the policy at age 65 you will always pay the premium that the company charges 65-year-old customers; however, your premiums can increase because of an insurance company's overall claims experience. While the initial rate for an **Issue Age** policy may be greater than a similar **Attained Age** policy, it could be less expensive over the life of the policy.

- **Attained Age:** In addition to the annual rate increases for changes in Medicare and overall claims experience, the premium will increase as you become older. If you buy a policy at 65, when you are 70 you will pay whatever the company is currently charging individuals who are 70 years old.

- **Community Age Rating:** The premium is the same for all customers who buy this policy, regardless of age.

Tip: Premiums will most likely increase every year in order to keep up with changes in Medicare. Premiums may also increase if overall claim expenses are higher than anticipated.

Area

Some companies charge different premiums based on where you live.

Smoker

Some companies may charge different premiums for non-smokers and smokers. You should check with the company to find out if your premium would be higher or lower.

Sex

In the **2019 Annual Premiums** chart, premiums shown are for women. Premiums for men are generally higher than those for women. You should check with the company to find out if your premium would be higher or lower.

Health Screening / Underwriting

Although most companies **underwrite***, some companies offer policies regardless of any health problems you may now have. A company must sell you any Medigap policy they sell, regardless of your health, at the price of a healthy person if you apply during your Medigap open enrollment.

See pages 64 – 73 for word definitions.

Innovative Benefits

Each plan, A through N, no matter what company you buy from, is required to have certain benefits; however, some plans provide extra benefits that are termed innovative. Some examples of innovative benefits are: decreasing deductibles, hearing and vision coverage, gym memberships, and preferred rates based on underwriting. While the standard benefits are guaranteed to remain with the policy, the innovative benefits may not be permanently a part of the policy. They may instead only be provided at the company's discretion. Please read the policy carefully to see if the innovative benefits are guaranteed.

Tip: To find out which companies provide innovative benefits please visit our website:
http://doi.nv.gov/Health_Insurance_Rates/Medicare_Supplement_Rates/

For specific information about the benefits, you may have to contact the companies – contact information is also provided on the website for most companies.

2019 POLICY BENEFIT CHART

Medicare supplement insurance can be sold in only 10 standard plans and one high-deductible plan. The chart on the next page shows the benefits for each plan. Every company must make available Plan A. Some plans may not be available in Nevada.

Basic Benefits:

- **Hospitalization** - Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

- **Medical Expenses** - Part B coinsurance (generally 20 % of Medicare-approved expenses) or co-payments for hospital outpatient services. Plans K, L and N require insured to pay a portion of Part B co-insurance or co-payments.

- **Blood** - First three pints of blood each year.

- **Hospice** - Part A co-insurance.

	A	B	C	D	F	F High Deductible*	G	K	L	M	N
Page #	***32 - 33***	***34***	***35***	***36***	***37 - 38***	***39***	***40***	***41***	***42***	***43***	***44***
for Rates	Basic, including 100% Part B Co-insurance	Basic, including 100% Part B Co-insurance	Basic, including 100% Part B Co-insurance	Basic, including 100% Part B Co-insurance	Basic, including 100% Part B Co-insurance	Basic, including 100% Part B Co-insurance	Basic, including 100% Part B Co-insurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B Co-insurance	Basic, including 100% Part B Co-insurance, except for co-insurance for office visit, and co-payment for ER
			Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	50% Skilled Nursing Facility Co-insurance	75% Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance
		Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
			Part B Deductible		Part B Deductible	Part B Deductible					
					Part B Excess 100%	Part B Excess 100%	Part B Excess 100%				
			Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
								Out-of-pocket limit $5,240; paid at 100% after limit reached**	Out-of-pocket limit $2,620; paid at 100% after limit reached**		

* Plan F also has an option called a high-deductible Plan F. This high-deductible plan pays the same benefits as Plan F after a calendar-year deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses equal to the annual deductible have been satisfied. Out-of-pocket expenses for this deductible are expenses that would ordinarily have been paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

****Note: The out-of-pocket limits shown are for 2018. The 2019 limits have not been posted as of the date this guide was published.**

Who Sells Medigap in Nevada?

Company	Telephone Number	Website
AARP/UnitedHealthcare	1-866-465-0088	www.aarpmedicaresupplement.com
Aetna Health and Life Insurance Co.	1-888-624-6290	www.aetnaseniorproducts.com
American National Life Ins. Co. of Texas	1-800-899-6806	www.americannational.com
American Republic Corp Insurance	1-888-755-3065	www.americanenterprise.com
American Republic Insurance	1-888-755-3065	www.americanenterprise.com
American Retirement Life Ins. Co.	1-877-229-0293	www.cignasupplementalbenefits.com
Americo Financial Life and Annuity Insurance Company	1-800-231-0801	http://www.americo.com/
Bankers Fidelity Life Insurance Co.	1-866-458-7504	http://bflic.com
Combined Insurance Co. of America	1-800-544-5531	www.combinedinsurance.com
Gerber Life Insurance Company	1-877-778-0839	www.gerberlife.com
Globe Life and Accident Insurance Co.	1-888-534-3257	www.globecaremedsupp.com
Guarantee Trust Life Insurance Co.	1-800-338-7452	www.gtlic.com
Heartland National Life Insurance Co.	1-877-358-4060	heartlandnational.net
Hometown Health Providers Ins. Co.	1-800-336-0123	www.hometownhealth.com
Humana Dental Insurance Company	1-844-405-2370	www.humanadental.com
Humana Insurance Company	1-888-310-8482	www.humana.com
Humana Insurance Company (Healthy Living)	1-888-310-8482	www.humana.com
Medico Insurance Company	1-800-228-6080	www.gomedico.com
Oxford Life Insurance Company	1-866-641-9999	oxfordlife.com
Transamerica Life Insurance Company	1-855-288-4181	https://www.transamerica.com/individual/products/insurance/medicare-solutions/medicare-supplement/
Thrivent Financial for Lutherans	1-800-847-4836	www.thrivent.com
United American Insurance Company	1-800-331-2512	www.unitedamerican.com
USAA Life Insurance Company	1-800-531-8722	www.usaa.com
Western United Life Assurance Co.	1-800-877-7703	https://www.manhattanlife.com/Western-United-Life
Wilco Life Insurance Company	1-800-541-2254	https://my.washingtonnational.com/
WMI Mutual Insurance Company	801-748-5340 x127	www.wmimutual.com/medigap

Please See Our Website For Rates by Age, Zip Codes, etc.

2019 Annual Premium Comparisons

Legend:

Pre-X Months - if pre-existing conditions are considered - The months of wait the policy holder will have before the condition (s) are covered.

Definitions of Premium Type:

Attained Age - The monthly premiums for these policies will be based on your current age, and the rates will increase slowly over time.

Issue Age - The monthly premiums for these policies will be based on your age when you first buy the policy.

Community - The monthly premiums for these policies will be based on geographical factors, such as which zip code you live in or whether you use tobacco, rather than just age alone.

*This company offers Medicare Supplement rates to people under the age of 65.

Please check out the rates for all ages and zip codes on Nevada Division of Insurance's website, along with company contact information:
http://doi.nv.gov/Health_Insurance_Rates/Medicare_Supplement_Rates/

Premiums reflect August 2018 survey results for 65 and 70 year old female, non-smokers, in downtown Las Vegas (zip 89102) in Clark County, Southern Nevada, rounded to the nearest dollar. Please note that rates are subject to change.

Plan A Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Aetna Health and Life Insurance Company	Plan A	1474	1564	Attained Age	0
American Republic Corp Insurance Company	Plan A	1788	2003	Attained Age	0
American Republic Insurance Company	Plan A	1309	1365	Attained Age	0
Bankers Fidelity Life Insurance Company	Plan A	2010	2232	Issue Age	6
Colonial Penn Life Insurance Company	Plan A	3004	3671	Attained Age	0
Combined Insurance Company of America	Plan A	1570	2052	Attained Age	0
Equitable Life and Casualty Insurance Company	Plan A	1584	1923	Attained Age	6
Gerber Life Insurance Company	Plan A	2346	2776	Attained Age	0
Globe Life and Accident Insurance Company	Plan A	1114	1485	Attained Age	6
Guarantee Trust Life Insurance Company	Plan A	1630	1729	Attained Age	6
Humana Insurance Company	Plan A	1545	1822	Attained Age	12
Individual Assurance Company, Life, Health and Accident	Plan A	1892	2129	Attained Age	0
Medico Insurance Company	Plan A	1688	1904	Attained Age	0
Oxford Life Insurance Company	Plan A	2093	2488	Attained Age	6
Physicians Mutual Insurance Company	Plan A	2351	2351	Issue Age	0
Reserve National Insurance Company	Plan A	2381	2678	Attained Age	6

Premiums reflect August 2018 survey results for 65 and 70 year old female, non-smokers, in downtown Las Vegas (zip 89102) in Clark County, Southern Nevada, rounded to the nearest dollar. Please note that rates are subject to change.

Plan A Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Sentinel Security Life Insurance Company	Plan A	2006	2294	Attained Age	6
State Farm Mutual Automobile Insurance Company	Plan A	1313	1641	Attained Age	6
Transamerica Life Insurance Company*	Plan A	1222	1536	Attained Age	6
United American Insurance Company	Plan A	1438	1976	Attained Age	6
United World Life Insurance Company	Plan A	1429	1548	Attained Age	0
UnitedHealthCAre Insurance Company	Plan A	1304	1609	Attained Age	6
USAA Life Insurance Company	Plan A	1191	1395	Attained Age	0
WMI Mutual Insurance Company	Plan A	1248	1416	Attained Age	3

Premiums reflect August 2018 survey results for 65 and 70 year old female, non-smokers, in downtown Las Vegas (zip 89102) in Clark County, Southern Nevada, rounded to the nearest dollar. Please note that rates are subject to change.

Plan B Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Aetna Health and Life Insurance Company	Plan B	1604	1701	Attained Age	0
Colonial Penn Life Insurance Company	Plan B	2532	3082	Attained Age	0
Globe Life and Accident Insurance Company	Plan B	1643	2030	Attained Age	6
Humana Insurance Company	Plan B	1679	1980	Attained Age	12
Sentinel Security Life Insurance Company	Plan B	2207	2525	Attained Age	6
Transamerica Life Insurance Company	Plan B	1614	2028	Attained Age	6
United American Insurance Company	Plan B	2157	2996	Attained Age	6
UnitedHealthCare Insurance Company	Plan B	1878	2318	Attained Age	3

Premiums reflect August 2018 survey results for 65 and 70 year old female, non-smokers, in downtown Las Vegas (zip 89102) in Clark County, Southern Nevada, rounded to the nearest dollar. Please note that rates are subject to change.

Plan C Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Globe Life and Accident Insurance Company	Plan C	1836	2222	Attained Age	6
Humana Insurance Company	Plan C	1986	2344	Attained Age	12
Reserve National Insurance Company	Plan C	2679	2997	Attained Age	6
Sentinel Security Life Insurance Company	Plan C	2725	3127	Attained Age	6
State Farm Mutual Automobile Insurance Company	Plan C	1927	2410	Attained Age	6
Transamerica Life Insurance Company	Plan C	1909	2400	Attained Age	6
United American Insurance Company	Plan C	2385	3302	Attained Age	6
UnitedHealthCare Insurance Company	Plan C	2158	2664	Attained Age	3
WMI Mutual Insurance Company	Plan C	1896	2196	Attained Age	6

Premiums reflect August 2018 survey results for 65 and 70 year old female, non-smokers, in downtown Las Vegas (zip 89102) in Clark County, Southern Nevada, rounded to the nearest dollar. Please note that rates are subject to change.

Plan D Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Medico Insurance Company	Plan D	2763	2219	Attained Age	0
Sentinel Security Life Insurance Company	Plan D	2349	2697	Attained Age	6
State Farm Mutual Automobile Insurance Company	Plan D	1691	3120	Attained Age	6
Transamerica Life Insurance Company	Plan D	1765	3159	Attained Age	6
United American Insurance Company	Plan D	2199	2073	Attained Age	6

Premiums reflect August 2018 survey results for 65 and 70 year old female, non-smokers, in downtown Las Vegas (zip 89102) in Clark County, Southern Nevada, rounded to the nearest dollar. Please note that rates are subject to change.

Plan F Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Aetna Health and Life Insurance Company	Plan F	1998	2119	Attained Age	0
American Republic Corp Insurance Company	Plan F	2701	3025	Attained Age	0
American Republic Insurance Company	Plan F	2280	2377	Attained Age	0
Bankers Fidelity Life Insurance Company	Plan F	2557	2824	Issue Age	6
Colonial Penn Life Insurance Company	Plan F	3113	3772	Attained Age	0
Combined Insurance Company of America	Plan F	1570	2052	Attained Age	0
Equitable Life and Casualty Insurance Company	Plan F	3091	3771	Attained Age	6
Gerber Life Insurance Company	Plan F	3367	3990	Attained Age	0
Globe Life and Accident Insurance Company	Plan F	1855	2243	Attained Age	6
Guarantee Trust Life Insurance Company	Plan F	2066	2194	Attained Age	6
Humana Insurance Company	Plan F	2027	2391	Attained Age	12
Individual Assurance Company, Life, Health and Accident	Plan F	2232	2496	Attained Age	0
Medico Insurance Company	Plan F	3160	3576	Attained Age	0
Oxford Life Insurance Company	Plan F	2061	2435	Attained Age	6
Physicians Mutual Insurance Company	Plan F	3811	4731	Issue Age	0
Reserve National Insurance Company	Plan F	2481	2775	Attained Age	6

Premiums reflect August 2018 survey results for 65 and 70 year old female, non-smokers, in downtown Las Vegas (zip 89102) in Clark County, Southern Nevada, rounded to the nearest dollar. Please note that rates are subject to change.

Plan F Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Sentinel Security Life Insurance Company	Plan F	2791	3202	Attained Age	6
State Farm Mutual Automobile Insurance Company	Plan F	1999	2499	Attained Age	6
Transamerica Life Insurance Company	Plan F	1920	2414	Attained Age	6
United American Insurance Company	Plan F	2302	3181	Attained Age	6
United World Life Insurance Company	Plan F	2268	2457	Attained Age	0
UnitedHealthCare Insurance Company	Plan F	2168	2676	Attained Age	3
USAA Life Insurance Company	Plan F	1877	2199	Attained Age	0
WMI Mutual Insurance Company	Plan F	1968	2280	Attained Age	6

Premiums reflect August 2018 survey results for 65 and 70 year old female, non-smokers, in downtown Las Vegas (zip 89102) in Clark County, Southern Nevada, rounded to the nearest dollar. Please note that rates are subject to change.

Plan F (High Deductible) Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Aetna Health and Life Insurance Company	Plan F (High Deductible)	799	848	Attained Age	0
American Republic Corp Insurance Company	Plan F (High Deductible)	675	756	Attained Age	0
American Republic Insurance Company	Plan F (High Deductible)	748	780	Attained Age	0
Bankers Fidelity Life Insurance Company	Plan F (High Deductible)	649	724	Issue Age	6
Colonial Penn Life Insurance Company	Plan F (High Deductible)	528	640	Attained Age	0
Globe Life and Accident Insurance Company	Plan F (High Deductible)	368	534	Attained Age	6
Humana Insurance Company	Plan F (High Deductible)	546	645	Attained Age	12
Physicians Mutual Insurance Company	Plan F (High Deductible)	1837	2280	Issue Age	0
Reserve National Insurance Company	Plan F (High Deductible)	837	977	Attained Age	6
United American Insurance Company	Plan F (High Deductible)	355	516	Attained Age	6
United World Life Insurance Company	Plan F (High Deductible)	635	688	Attained Age	0

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Plan G Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Aetna Health and Life Insurance Company	Plan G	1655	1755	Attained Age	0
Bankers Fidelity Life Insurance Company	Plan G	2436	2837	Issue Age	6
Colonial Penn Life Insurance Company	Plan G	2374	2923	Attained Age	0
Equitable Life and Casualty Insurance Company	Plan G	2018	2283	Attained Age	6
Gerber Life Insurance Company	Plan G	2457	2912	Attained Age	0
Guarantee Trust Life Insurance Company	Plan G	1677	1783	Attained Age	6
Individual Assurance Company, Life, Health and Accident	Plan G	1641	1858	Attained Age	0
Oxford Life Insurance Company	Plan G	1563	1676	Attained Age	6
Physicians Mutual Insurance Company	Plan G	2397	2975	Issue Age	0
Reserve National Insurance Company	Plan G	2067	2340	Attained Age	6
State Farm Mutual Automobile Insurance Company	Plan G	1693	2077	Attained Age	6
Transamerica Life Insurance Company	Plan G	1764	2218	Attained Age	6
United American Insurance Company	Plan G	1920	2718	Attained Age	6
United World Life Insurance Company	Plan G	1782	1930	Attained Age	0
UnitedHealthCare Insurance Company	Plan G	1695	2093	Attained Age	3
WMI Mutual Insurance Company	Plan G	1764	2052	Attained Age	6

Plan K Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
American Republic Corp Insurance Company	Plan K	1043	1168	Attained Age	0
Bankers Fidelity Life Insurance Company	Plan K	1246	1469	Issue Age	6
Colonial Penn Life Insurance Company	Plan K	898	1095	Attained Age	0
Humana Insurance Company	Plan K	916.00	1078	Attained Age	12
Transamerica Life Insurance Company	Plan K	879.00	1105	Attained Age	6
United American Insurance Company		1,286.00	1712	Attained Age	6
UnitedHealthCare Insurance Company	Plan K	668.00	825	Attained Age	3

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Plan L Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
American Republic Corp Insurance Company	Plan L	1327	1486	Attained Age	0
Colonial Penn Life Insurance Company	Plan L	1969	2360	Attained Age	0
Humana Insurance Company	Plan L	1292	1522	Attained Age	12
Transamerica Life Insurance Company	Plan L	1305	1641	Attained Age	6
United American Insurance Company	Plan L	1809	2414	Attained Age	6
UnitedHealthCare Insurance Company	Plan L	1154	1424	Attained Age	3

Premiums reflect August 2018 survey results for 65 and 70 year old female, non-smokers, in downtown Las Vegas (zip 89102) in Clark County, Southern Nevada, rounded to the nearest dollar. Please note that rates are subject to change.

Plan M Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Colonial Penn Life Insurance Company	Plan M	2354	2911	Attained Age	0
Transamerica Life Insurance Company	Plan M	1607	2020	Attained Age	6

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Plan N Rates

Company Name	Plan Type	Rate at Age 65	Rate at Age 70	Premium Type	Pre-X Months
Aetna Health and Life Insurance Company	Plan N	1340	1422	Attained Age	0
Bankers Fidelity Life Insurance Company	Plan N	1351	1524	Issue Age	6
Colonial Penn Life Insurance Company	Plan N	1430	1848	Attained Age	0
Combined Insurance Company of America	Plan N	1570	2052	Attained Age	0
Equitable Life and Casualty Insurance Company	Plan N	1971	2409	Attained Age	6
Guarantee Trust Life Insurance Company	Plan N	1463	1553	Attained Age	6
Humana Insurance Company	Plan N	1348	1594	Attained Age	12
Individual Assurance Company, Life, Health and Accident	Plan N	1334	1505	Attained Age	0
Oxford Life Insurance Company	Plan N	1554	1851	Attained Age	6
Physicians Mutual Insurance Company	Plan N	2173	2697	Issue Age	0
Reserve National Insurance Company	Plan N	1706	1925	Attained Age	6
State Farm Mutual Automobile Insurance Company	Plan N	1284	1570	Attained Age	6
Transamerica Life Insurance Company	Plan N	1511	1900	Attained Age	6
United American Insurance Company	Plan N	1714	2437	Attained Age	6
United World Life Insurance Company	Plan N	1519	1646	Attained Age	0
UnitedHealthCare Insurance Company	Plan N	1496	1846	Attained Age	3
USAA Life Insurance Company	Plan N	1336	1563	Attained Age	0

Premiums reflect August 2018 survey results for 65 and 70 year old female, non-smokers, in downtown Las Vegas (zip 89102) in Clark County, Southern Nevada, rounded to the nearest dollar. Please note that rates are subject to change.

Medicare Options

Original fee-for-service Medicare and original Medicare with a Medicare supplement policy are available to all Nevada beneficiaries who are age 65 or older, and sometimes to those who are under age 65 with certain disabilities. Currently, there is only one insurer who offers Medicare supplement Plan A to beneficiaries under 65. There are also Medicare Advantage Plans (Part C) offered by private companies that provide Parts A and B (and sometimes Part D drug coverage) services to Medicare beneficiaries through special arrangements including HMOs, PPOs, and Managed Care Companies.

Medicare Advantage

Although Medicare Advantage plans are subsidized by the federal government, some companies charge nominal premiums and each company offers differing services. The companies that offer Part C in Nevada are as follows (separated by county):

Carson City

- **Aetna Medicare** (1-800-282-5366)
- **Prominence Health Plan** (1-855-969-5882)
- **Senior Care Plus** (1-888-775-7003)

Churchill County

- **Senior Care Plus** (1-888-775-7003)

Clark County

- **Aetna Medicare** (1-800-282-5366)
- **Anthem Blue Cross and Blue Shield** (1-800-499-2793)
- **Humana Insurance Company** (1-800-457-4708)
- **UnitedHealthcare** (1-888-525-2086)

Douglas County

- **Prominence Health Plan** (1-855-969-5882)
- **Senior Care Plus** (1-888-775-7003)

Lyon County

- **Prominence Health Plan** (1-855-969-5882)
- **Senior Care Plus** (1-888-775-7003)
- **UnitedHealthcare** (1-888-525-2086)

Mineral County

- **UnitedHealthcare** (1-888-525-2086)

Nye County

- **Humana Insurance Company** (1-800-457-4708)
- **UnitedHealthcare** (1-888-525-2086)

Storey County

- **Prominence Health Plan** (1-855-969-5882)
- **Senior Care Plus** (1-888-775-7003)

Washoe County

- **Aetna Medicare** (1-800-282-5366)
- **Humana Insurance Company** (1-800-457-4708)

- **Prominence Health Plan** (1-855-969-5882)
- **Senior Care Plus** (1-888-775-7003)
- **UnitedHealthcare** (1-888-525-2086)

Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Pershing, and White Pine Counties do not have access to Medicare Advantage plans.

Original Medicare is the traditional fee-for-service Medicare and is available to all Medicare beneficiaries. There are two parts of original Medicare: Medicare Part A and Medicare Part B. Medicare Part A (hospital insurance) is available to all eligible Medicare beneficiaries for no monthly premium. Medicare Part B is optional insurance for which you must pay a monthly premium in order to receive those covered benefits. The standard Medicare Part B premium in 2018 is $134 per month or higher depending on your income, but most people who get Social Security benefits will pay less than $109. **(Note: the 2019 costs were not available at the time of this publication.)**

Under traditional Medicare, you can choose any health care provider who accepts Medicare. Medicare will pay the provider each time you incur an expense. While Medicare pays its portion, you are responsible for paying the remaining balance, including deductibles, co-payments, co-insurance and the cost of services not covered by Medicare.

Note: All newly enrolled Medicare beneficiaries are covered for an initial physical examination and numerous preventive care services.

Original Medicare with a Supplement Policy

You can purchase a private Medicare supplement insurance plan (Medigap insurance) to cover some of your obligations after traditional Medicare has paid its portion. You may purchase one of 10 standard Medicare supplemental insurance policies. The benefits provided by these plans are summarized on the policy benefit chart found on pages 28 - 29. Most policies pay Medicare co-insurance amounts while others pay Medicare deductibles. Some beneficiaries may already have supplemental coverage from other sources such as a former employer or Medicaid. There are two different versions of Medigap policies:

- **Medigap:** You can go to any doctor or hospital.
- **Medicare SELECT:** These plans are almost identical to standard Medigap insurance. When you purchase one of Medicare's SELECT policies, you're buying a standard Medigap plan. The only difference is that this type of plan operates like managed care plans. In other words, you **must** use plan hospitals and, in some cases, plan doctors in order to be eligible for full Medigap benefits.

Part D Coverage with Original Medicare

In years past, private insurers were able to provide supplement insurance combined with drug coverage just as some Medicare Advantage (Part C) companies offer; however, now recipients with Original Medicare can choose a Medigap policy and separately shop for

a Part D (prescription drug) policy from a private insurer. Although purchasing a supplement or drug policy is not mandatory, if you wait until coverage is needed, financial penalties will incur. There are many Part D insurers with various plans to choose from.

For more information you may visit the Medicare Plan finder at https://www.medicare.gov/find-a-plan/questions/home.aspx or contact Nevada SHIP (pages 57 – 60) for more information.

Managed Care

Under a managed care plan, a network of health care providers (doctors, hospitals, skilled nursing facilities, etc.) offer comprehensive, coordinated medical services on a pre-paid basis. Payments are made monthly to Medicare and Medicare makes a monthly payment to the managed care plan. Some plans will charge a monthly premium or require a co-payment per visit or service. The monthly premiums and co-payments will vary depending on the plan you choose and the county in which you live.

Note: A supplemental insurance policy is not necessary if you join a managed care plan.

There are several different types of managed care plans:

- **HMO:** In a Health Maintenance Organization, you **must** use the plan's providers (doctors, hospitals, skilled nursing facilities and

ancillary providers). These providers are paid directly by the HMO and you are only required to make small co-payments. These plans sometimes offer services that are not covered by traditional fee-for-service Medicare.

- **HMO with POS option:** Less restrictive than HMOs. When combined with a basic HMO package, the POS (point-of-service) option allows you to use doctors and hospitals outside of the plan for an additional cost.

- **PSO:** In a Provider Sponsored Organization you **must** use the plan's providers. These plans operate like an HMO; however, the plan is sponsored by the providers (doctors and/or hospitals).

- **PPO:** The in-network benefits are provided by the plan's providers (preferred providers). However, you can use doctors and hospitals outside of the plan for an additional cost.

Private Fee-for-Service Plan

In a private fee-for-service plan, you select a private insurance plan which accepts Medicare beneficiaries. You will pay the Medicare premiums, any other monthly premium the private fee-for-service plan charges, and an amount per visit or service. The fee-for-service plan determines how much to allow for the service; however, the provider may charge more than the allowed amount and bill you for the difference. The plan may provide extra benefits that traditional Medicare does not cover.

Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax-advantaged savings account that can be used to pay for medical and retiree health expenses incurred by individuals and their families. HSAs are open to anyone who enrolls in a high-deductible health insurance plan; however, current tax laws do not allow Medicare beneficiaries to enroll. HSAs fall under the jurisdiction of the United States Department of Treasury. If an individual ceases to be eligible for their HSA or makes an ineligible withdrawal, penalties and taxes may apply.

For assistance with HSAs, please contact your HSA trustee or visit the United States Department of the Treasury's Web site at: http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx or call 1-800-829-1040.

Medicare HMOs

An HMO that has a contract with Medicare must provide or arrange for the full range of Part A and B services if you are covered under both parts of Medicare. HMOs can also provide benefits beyond what Medicare allows, such as: preventive care, prescription drugs (limited amount), dental care, hearing aids, and eyeglasses.

Before joining a plan, be sure to read the plan's membership materials and enrollment forms carefully to learn your rights and the nature and extent of your coverage. If you belong to an HMO plan, the plan will not pay claims for any non-emergency benefits you receive from providers outside of the HMO. Below is a list of Medicare HMO companies in Nevada.

Medicare PPOs

A Medicare PPO plan is an option for Medicare Part C. Each PPO plan has a list, known as a "network", of primary care doctors, specialists, and hospitals that you may choose from. If you have a preferred doctor, specialist or hospital, which are not included in the plan's network, you may still see them for your medical needs; however, they will usually cost more than a choice from the plan's network. Some Medicare PPO plans offer prescription drug coverage and additional benefits, such as written and hearing screenings, disease management, and other services not covered under original Medicare. Monthly premiums and how much you pay for services vary depending on the plan. There is an annual limit on your out-of-pocket that varies depending on the plan.

Note: It is illegal to be sold a Medicare Supplemental Insurance policy if you have Medicare Part C unless you plan to drop Medicare Part C and enroll in traditional Medicare.

High-Deductible Plans

High-Deductible Plan F

The annual deductible for the High-Deductible Plan F is $2,240 in 2018. Other than the deductible amount, this plan has the same coverage as regular Plan F. Benefits under this plan will not begin until the out-of-pocket expenses have reached $2,240. **(Note: the 2019 costs have not been updated at the time of this publication.)** The expenses not paid are the amounts the policy would have paid under regular Plan F, including the Medicare deductibles for Part A and Part B, but not the separate deductible for emergency foreign travel in Plan F. The premium for this plan is significantly less than the regular Plan F. These plans are seen in the 2019 Annual Premiums chart on pages 37 through 39.

Annual Limit Plans

Plans K and L

Plans K and L provide for different cost-sharing for items and services than Plans A – G, M and N. Once you reach the annual limit, the two plans pay 100% of the Medicare co-payments, co-insurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does not include charges from your provider that exceed Medicare-approved amounts, called "excess charges." You are responsible for paying excess charges.

GUARANTEED ISSUE

During the initial six month enrollment window after your 65th birthday, insurers cannot decline to offer you coverage. However, beyond the 6 months companies can decline to insure you. And even during the window, companies can decline to cover pre-existing conditions for up to 6 months after enrollment. The most common conditions for guaranteed issue are seen below.

Note: Certain people will have a right to guaranteed issue of a Medicare supplement plan, without regard to pre-existing conditions, no matter when they enroll, even if it's beyond the 6 month window. In order to be eligible for guaranteed issue under any of the following six circumstances, you must apply within 63 days after losing your other health plan coverage.

1. When an employer terminates a group plan or eliminates substantially all supplemental benefits, an individual is eligible for Plans **A, B, C, F (including F with a high deductible), K or L.**

2. When a group plan is primary to Medicare and either the plan terminates or an individual leaves the plan, the individual is eligible for **Plans A, B, C, F (including F with a high deductible), K or L.**

3. An individual who has a Medicare SELECT supplemental policy or is enrolled in a Medicare Advantage plan under Medicare (managed care or private fee-for-service, see pages 45 - 53), and discontinues the coverage because:

a. The plan terminates or no longer provides service in the individual's area of residence;
b. The individual is no longer eligible for the plan due to a change in residence; or
c. The individual can show that the plan:
    1) Violated a material provision of the contract; or
    2) The agent for the plan materially misrepresented the plan.

The individual is eligible for **Plans A, B, C, F (including F with a high deductible), K or L.**

4. An individual who is enrolled in a Medicare supplement plan and the coverage ceases because:
    a. The insurer becomes insolvent;
    b. Other involuntary terminations occur;
    c. The insurer violated a material provision of the contract, or;
    d. The insurer or agent materially misrepresented the plan.

    The individual is eligible for **Plans A, B, C, F (including F with a high deductible), K or L.**

5. An individual who terminates a Medicare supplement plan in order to sign up for a Medicare SELECT supplemental policy or a plan under Medicare Advantage, and then terminates the new coverage within 12 months, is **eligible for the same plan** the individual had prior to the change.
6. An individual who becomes eligible for the first time and signs up for Medicare Advantage and terminates this coverage within 12 months is **eligible for any plan.**

For more information: please consult the federally published Choosing a Medigap Policy at https://www.medicare.gov/Pubs/pdf/02110-Medicare-Medigap.guide.pdf and/or contact SHIP (see pages 57- 60 for contact information).

Medicare SHIP Program

The State Health Insurance Assistance Program (SHIP) is funded by a grant from the federal government and administered by the Nevada Department of Health and Human Services, Division for Aging Services. The Program meets one of the most universal and critical needs of seniors and Medicare beneficiaries today: **free** one-on-one assistance and counseling for questions and problems regarding Medicare and supplemental health insurance. SHIP provides the following services:

- Pre-Medicare counseling;
- Information and eligibility on Medicare entitlements, benefits, limitations, Medicaid (Qualified Medicare Beneficiaries & Specified Low Income Medicare Beneficiaries), and Managed Care Plans through Health Maintenance Organizations (HMOs);
- Assistance with claims, requests for reconsideration and appeals processes under Medicare and supplemental insurance;
- Unbiased information that will assist the consumer in determining supplemental insurance and long-term care insurance needs;
- Outreach information and materials for seniors and families through meetings, seminars, classes, health fairs, senior fairs and the media (speakers available); and
- Referrals for coordination with federal and other state and community services.

Arrangements may be made for homebound seniors, as well as other seniors, who need personal counseling assistance. Please call **(702) 486-3478** in Las Vegas; and statewide **call toll free 1-800-307-4444.**

The services offered by the Program are **free of charge and confidential.** Senior citizens are assured there will be no selling or soliciting for insurance.

Medicare Counseling Program

The following is a list of Senior Centers and/or local numbers to contact for counseling with the Nevada State Health Insurance Assistance Program (SHIP):

Please call ahead for counseling times & additional information.

Southern Nevada	
SHIP Office **1820 E. Sahara Avenue, Suite 205** **Las Vegas, NV 89104** **(702) 486-3478**	
Boulder City Senior Center (702) 293-3320	**E. Las Vegas Community Senior Center** (702) 229-1515
East Valley Family Services (702) 631-7098	**Heritage Senior Facility** (702) 267-2950
Las Vegas Senior Center (702) 229-6454	**Mountain View H2U** (702) 255-5404
Olive Crest (702) 685-3459	**Pahrump Senior Center** (775) 727-5008
RAGE, Inc. (702) 333-1038	**Spring Valley Hospital** (702) 853-3276
Sunrise H2U (702) 255-5404	**West Flamingo Senior Center** (702) 455-7742
Whitney Senior Center (702) 455-7576	

Northern Nevada	
Access to Healthcare Network (844) 826-2085	**Aging & Disability Services, Senior Rx** (775) 687-4210
Carson City Senior Center (775) 883-0703	**Carson Tahoe Cancer Center** (775) 883-3395
Churchill County Senior Center (775) 423-7096	**Dayton Senior Center** (775) 246-6210
Douglas County Senior Center (775) 783-6455	**Elko Aging & Disability Resource Center** (775) 753-4085
Elko Senior Citizens Center (775) 738-5911	**Fernley Senior Center** (775) 575-3370
Incline Village Recreation Center (775) 832-1300	**Inter-Tribal Council of Nevada** (775) 355-0600
Neil Road Recreation Center (775) 689-8484	**Pershing County Senior Center** (775) 273-2291
Washoe County Senior Services (775) 328-2575	**Silver Springs Senior Center** (775) 577-5014
Storey County Senior Center (775) 847-0957	**Winnemucca Senior Center** (775) 623-6211

THE SERVICE OFFERED BY THE MEDICARE SHIP PROGRAM IS PROVIDED BY TRAINED VOLUNTEERS/ADVISORS AND IS **FREE OF CHARGE**

Other Resources

Division of Insurance
(702) 486-4009 or (775) 687-0700 or Toll-Free: (888) 872-3234
www.doi.nv.gov

Centers for Medicare & Medicaid Services (CMS)
Toll-Free: (800) Medicare (633-4227)
www.cms.gov

Social Security Administration (SSA)
(800) 772-1213 TTY (800) 325-0778
www.ssa.gov

National Association of Insurance Commissioners (NAIC)
(816) 842-3600
www.naic.org

Public Employees' Retirement System of Nevada (PERS)
(775) 687-4200 or Toll-Free: (866) 473-7768
www.nvpers.org

Nevada Aging & Disability Services Division
(702) 486-3545 or (775) 687-4210
http://adsd.nv.gov

Governor's Office of Consumer Health Assistance (GOVCHA)
(702) 486-3587 or Toll-Free (888) 333-1597
http://dhhs.nv.gov/programs/cha

Public Employees' Benefits Program
(775) 684-7000 or Toll-Free (800) 326-5496
www.pebp.state.nv.us

How to File an Inquiry or Complaint

If you have an insurance question or problem, you should first contact your agent or company to get the matter resolved.

If you cannot get the matter resolved, contact the **Nevada Division of Insurance** for assistance. Inquiries or questions may be directed to the Consumer Services section at either of the Insurance Division offices.

Las Vegas
3300 West Sahara Ave #275, Las Vegas, NV 89102
(702) 486-4009
or

Carson City
1818 E. College Pkwy, Suite 103, Caron City, NV 89706
(775) 687-0700

Or, call **toll-free** anywhere in Nevada at
1-888-872-3234
Or email: cscc@doi.nv.gov
www.doi.nv.gov

The Division of Insurance cannot recommend an insurance company or tell you which policy to buy; however, our staff can explain the insurance terminology in your policy to you. The Division of Insurance will also contact the company on your behalf in an attempt to help resolve problems you may be having.

POLICY CHECKLIST

You may find this checklist useful in assessing the benefits provided by a Medicare supplement policy or in comparing policies.

	Policy 1		Policy 2		Policy 3	
	Yes	No	Yes	No	Yes	No
DOES THE POLICY COVER:						
Medicare Part A hospital deductible?						
Medicare Part A hospital daily coinsurance?						
Hospital care beyond Medicare's 150-day limit?						
Skilled nursing facility daily coinsurance?						
Skilled nursing beyond Medicare's limits?						
Medicare Part B annual deductible?						
Medicare Part B coinsurance?						
Physician and supplier charges in excess of Medicare's approved amounts?						
OTHER POLICY CONSIDERATIONS:						
Can the company cancel or refuse to renew the policy?						
What are the policy limits for covered services?						
How much is the annual premium?						
Non-smoking, sex, area, or other discounts?						
How long before existing health problems are covered?						

DEFINITIONS

The following terms are commonly used in Medicare supplement and long-term care insurance policies. Definitions differ from policy to policy, so it is important to understand the definition used in a specific insurance policy before you purchase it.

Allowed, approved, or eligible charges: The basis by which Medicare pays for health care costs. The approved charge paid by Medicare may be only 60 to 80% of the actual charge.

Assignment: In the original Medicare plan, this means a doctor agrees to accept Medicare's fee as full payment. If you are in the original Medicare plan, it can save you money if your doctor accepts assignment. If your doctor doesn't accept assignment, you may still be able to see the doctor but you will need to pay the excess charges above what Medicare would pay.

Advance directives: Legal documents that allow you to put in writing what kind of health care you would want if you were too ill to speak for yourself.

Attained Age: Adjective referring to a type of policy that bases its premium on the insured's current age.

Benefit: A benefit is a health care service or supply that is paid for in part or in full by Medicare.

Benefit period: A specified number of days, months or years for which benefits will be payable during any one confinement or spell of illness, or for successive confinements for the same condition.

Body mass index (BMI): A measure of body fat based on height and weight that applies to both adult men and women.

Chronic: A chronic condition is one lasting three months or more.

Co-insurance or co-payment: The portion of a charge for a covered medical service that you must pay out of your own pocket. For example, Part B of Medicare generally requires a co-payment of 20%.

Custodial care: The level of care required to assist an individual in the activities of daily living. This care helps meet personal needs and

can be provided by persons without professional licenses or extensive training.

Deductible: The amount of covered expenses that must be incurred and paid by the insured before benefits become payable by the insurer.

Effective date: The date on which insurance coverage goes into effect. It is not always the same as the date the application is completed.

Enrollment period: A certain period of time when you can join a Medicare health plan if it is open and accepting new Medicare members. If a health plan chooses to be open, it must allow all eligible people with Medicare to join.

Excess charges: The portion of the Medicare provider's charges which exceed Medicare's approved payment amount.

Exclusion: A specific service, expense, condition or situation **not covered** by an insurance plan.

Fee for service: In health care, a payment mechanism in which a provider is paid for each individual service rendered to a patient.

Group Policies: Group policies are defined by an employer, organization or association being the policyholder, instead of the individual. In other words, it will be defined by who the individual members are paying. If the individual members are paying an organization other than an Insurance Carrier, then the policy will be deemed to Group policy.

Guaranteed issue: A policy of insurance that will be issued regardless of applicant's health condition.

Guaranteed renewable: The policy must be renewed by the company except for non-payment of premiums and / or material misrepresentations. Additionally, premiums for policies may only be increased if premiums for all like policies are increased by the same amount.

Health maintenance organization (HMO): A type of Medicare Advantage plan that is available in some areas of the country. Plans must cover all Medicare Part A and Part B health care. Some HMOs cover extra benefits, like extra days in the hospital. In most HMOs, you can only go to doctors, specialists or hospitals on the plan's list, except in an emergency. Your costs may be lower than in the original Medicare plan.

Health Savings Account (HSA): Health Saving Accounts (HSAs) are tax-advantaged savings accounts that can be used to pay for medical and retiree health expenses incurred by individuals and their families. They are available to anyone who enrolls in a high-deductible health insurance plan. However, current tax laws do not allow Medicare beneficiaries to either contribute to their existing account or enroll.

Home health care: A wide variety of skilled nursing care and supportive services for individuals who do not need institutional care. The services are available through intermittent visits and may include nursing care, physical therapy, speech and hearing therapy, occupational therapy, social services, and other support services.

Individual Policies: Individual policies are defined by the individual being the policyholder. If the individual members pay the Insurance Carrier directly, then the policy will be deemed to Individual policy.

Intermediate care: Less intensive care than skilled nursing care. It usually includes assistance with activities of daily living with the availability of any on-duty registered nurse.

Issue Age: These policies are priced at your age when you initially purchase the policy. Increases in age alone will not affect future premiums.

Lapse: Termination of a policy due to failure by the policyholder to pay the required premium within the time specified in the policy.

Limiting charge: The highest dollar amount you can be charged for a covered service by doctors and other health care providers who do not accept assignment. The limit is 15% over Medicare's approved amount. The limiting charge only applies to certain services and does not apply to some supplies or equipment. (See Approved Amount; Assignment.)

Long-term care: A wide range of routine and complex services designed to provide maintenance, preventive, rehabilitative and supportive services to those individuals who have conditions that impair their ability to function independently.

Managed care: A system of health care where the goal is a system that delivers quality, cost-effective health care through monitoring, utilization review, and preventive services.

Medically necessary: Reasonable and necessary services for diagnosis or treatment as generally accepted by health care professionals that are clinically appropriate with regard to type, frequency, extent, location and duration; not primarily provided for the convenience of the patient, physician or other provider of healthcare; required to improve a specific health condition of an insured or to preserve his existing state of health; and the most clinically appropriate level of health care that may be safely provided to the insured.

Medicare Advantage plan: A plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. Medicare Advantage Plans are HMOs, PPOs, or Private Fee-for-Service Plans. If you are enrolled in a Medicare Advantage Plan, Medicare services are covered through the plan, and are not paid for under Original Medicare.

Medicare managed care plans: These are health care choices (such as HMOs) in some areas of the country. In most plans, you can only go to doctors, specialists or hospitals on the plan's list. Plans must

cover all Medicare Part A and Part B health care. Some plans cover extras, such as preventive care not covered by Medicare. Your costs may be lower than in the original Medicare plan.

Network: A list of primary care doctors, specialists and hospitals that members of a managed care organization can go to. Doctors, hospitals and other health care providers who have contracted with the health insurer or a third-party administrator provide health care at a reduced rate to members within the network.

Open enrollment: A period when new beneficiaries may elect to enroll in a policy of insurance regardless of health. For a Medicare supplement policy this period lasts for 6 months and begins on the first day of the month in which you're both 65 or older and enrolled in Medicare Part B.

Out-of-pocket costs: Health care costs that you must pay on your own because they are not covered by Medicare or other insurance.

Point of service (POS): A managed care plan that allows you to use doctors and hospitals outside the plan for an additional cost. (See Medicare managed care plan.)

Pre-existing condition: A medical condition for which medical advice was given or treatment was recommended or received from a doctor within a specified period before the effective date of coverage.

Preferred provider organization (PPO): Health service organization plan with a network of physicians and suppliers who contract to provide services to a health insurance plan on a discounted fee-for-service basis.

Skilled nursing care: Medically necessary care that can only be provided by, or under the supervision of, skilled, licensed, medical professionals such as registered nurses or professional therapists. All skilled services require a physician's order. Medicare's definition of "skilled nursing care" is often different from the definitions used in long-term care insurance policies.

State Health Insurance Assistance Program ("SHIP"): SHIP refers to a group of federal and state funded programs. These programs work together to provide assistance with public and private health insurance issues as well as options for Medicare beneficiaries or those soon to be Medicare beneficiaries, their families and caregivers. SHIP has a centralized component of statewide

assistance and a local component of county- and tribal-based benefit counselors.

TRICARE: TRICARE is the health care program serving Uniformed Service members, retirees and their families worldwide.

Underwrite: The process by which an insurer determines whether or not, and on what basis, it will accept an application for insurance.

Usual and customary or reasonable charges: The fee most commonly charged by physicians or providers for a particular service, treatment or supply. This fee may vary from area to area throughout the state.

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